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ABSTRACT

In order to determine the actual and perceived needs of undereducated older adults, a study was conducted: (1) to determine and compare the perceived educational needs of older adults using a sample of older individuals, adult basic education (ABE) teachers, and nutrition site directors; and (2) to compare the primary identified educational needs of a sample of undereducated adults with the experts' perception that adult basic education is the most significant need of such a group. Data were gathered from 505 older adults (aged 60 and over), 145 nutrition directors (66 percent return), and 482 ABE teachers (19 percent return), using questionnaires about learning needs of older adults and demographic data. Analysis of the data gathered led to several conclusions. First, the reading interests of older adults are as diverse as the population. Second, significant differences exist between the perceptions of educational needs of older adults by older adults and by the professionals in the field. A third conclusion is that, of the two professional groups in this study, nutrition directors were in greater consensus with the older adults. A fourth result of the study is that health is of primary importance to undereducated older adults, while the final conclusion is that these persons do not see ABE as a primary educational need. These conclusions should be considered by those who plan educational experiences for older adults; perhaps they should consider integrating ABE in health education classes. (KC)

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Assessing the Educational Needs of Undereducated Older Adults: A Case for the Service Provider

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Included in the steps for developing educational experiences for adults of all ages is the assessment of the target group's need. All major works on program development cite and endorse that step (Johnson, N.D.; House, 1973; Knowles, 1970; Darkenwald & Merriam, 1982; Smith, et al, 1970). So do primary sources defining program development for older adults (McCluskey, 1974; Peterson, 1980; Hiemstra, 1972; & Hendrickson, 1973). Thus, considerable evidence exists to support needs assessment as a significant step in preparing educational programs for adults, generally, and for older adults particularly.

However, differences arise in the implementation of the needs assessment. The range of methods extends from an informal conversation between the adult educator and representatives of the target group to a needs assessment survey of the population or at least a considerable sample of the population. The needs gathered in that manner are called "expressed needs." Occasionally, the needs as perceived by experts in the field, faculty included, are solicited and combined with the data collected from the target group. These needs are labeled "perceived" needs. According to Lord (1976), expressed and perceived needs help the adult educator better realize the "actual" need of the target group and thereby provide for a more meaningful educational experience.

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The assumption in Lord's approach is that the "experts" have adequate knowledge of the target group's need either through research or instruction or because they serve the target group in some way. In the area of social services and aging that assumption has been challenged by several studies and the findings are both supportive of and somewhat contradictory to a comprehensive approach to needs assessment.

In his study of the perceptions for additional health care services, Keith (1975) found a high degree of congruity between professional service providers and older adults. Riesenfeld, et al (1972) had similar results in one respect but some differences were observed in follow-up questions. He and his colleagues compared the perceptions of the priority service needs of public agency personnel and a sample of elderly urban poor. The findings indicate a marked difference of opinion from the agency panel and the older adults. But the researcher also asked the sample to suggest remedies for the problems. Interestingly, while the problems identified were similar, the remedies suggested by both groups were significantly different.

Avant and Dressel (1980) investigated the comparative rankings of the needs of older adults as perceived by service providers and a group of older persons. They found a significant correlation between older persons and professionals on the perception of priority needs. But, they further discovered that on four of the top five needs identified there was a significant difference in the rank order between the two groups. Consequently, they caution planners to look at specific responses in needs assessments because statistics often fail to account for discrepancies of perception.

In summary, the general expressed and perceived needs of the target group in the social service area are similar. However, earlier studies indicate differences in perception regarding solution and specific needs. Can the same generalization be applied to educational needs of the older adults? That question is the basis for this study.

McClusky (1974) has stated that in order to survive, undereducated older adults must master the knowledge and skills of adult basic education. In the same way Londoner (1972) argues that instrumental programs (ABE included) will most appropriately serve the survival skills of older individuals. Kasworm (1981) concludes that:

> Our society is currently facing a need to meet the challenges of educating older adults with basic skills and information. We also face the future challenges of educating a narrowing, yet significant population of society's future illiterate in the older years. Adult basic education has not grappled with these concerns. (p. 8)

Thus, from the perception of some of the "experts" the greatest need of the undereducated older adult is adult basic education. How well does this perception match the expressed needs of illiterate older adults? This study was designed to answer that question. The purpose of this study was to:

1. Determine and compare the perceived educational needs of older adults using a sample of older individuals, adult basic education teachers and nutrition site directors.
2. Compare the primary identified educational need of a sample of undereducated adults with the experts' perception that adult basic education is the most significant need of such a group.

Methodology

Data for this study was gathered from a sample of older adults (aged 60 and over), adult basic education teachers and nutrition site directors. The latter two groups provided an opportunity to measure the perceptions of two different sets of professionals who serve older individuals.

The older adults consisted of 505 individuals located in all 18 area planning districts in Georgia. Included in the sample were 28 incarcerated older ABE students, 24 nursing home residents and 453 participants in nutrition sites. Those sites were judged to provide the greatest number of undereducated adults in an accessible congregate setting. The mean age of the older sample was 72.5 years; almost two-thirds were female (62.6%). Only 27.4% were married, while over half (52.8%) were widowed. Income was determined in consultation with nutrition site directors rather than from the participants in order not to arouse suspicion or anxiety over Social Security or pensions. Data was not available on approximately one-fourth (22.6%) of the sample. The data given included 18.5% above the poverty level and 58.9% below. The median year of schooling was 7.0 with 26.0% failing in the 0-4 years and 68.9% in 0-8 years range. In summary, the older sample tended to be over 70, female, not married, below the poverty level, and with less than an 8th grade education.

The remaining two groups in the study included the nutrition site director population and an adult basic education teacher sample. There are 145 nutrition site directors in Georgia and all were contacted and asked to participate in the study. Using lists of names provided by 55% of the local ABE coordinators, 482 ABE teachers were identified.

The instruments used with the older adults was a questionnaire requesting some demographic information, perceptions about adult education, and a list of 45 specific topics that were judged to be relevant to older adults. The topics were arranged under one of six categories: Health, Government and Law, Social Services, Personal Development, Economics, and Cultural. Using a one-to-one interview method, the older adults were asked to indicate their interest in learning about each of the 45 topics. The following four-point scale was used to rate interest: "definitely not interested," "probably not interested," "somewhat interested," and "very interested."

A similar questionnaire was used with the nutrition site directors and the adult basic education teachers. The primary difference was the demographic section, which in this case, requested information about their older participants. Like the older sample, the nutrition site directors and ABE teachers were asked to indicate their perception of the interest of older adults relative to the 45 topics, using the same four-point scale provided the older individuals. Confident that these two samples could and would respond by mail, the researchers forwarded the questionnaire to all nutrition site directors and the 482 ABE teachers. The social service group yielded a 66% return (95 of 145), while only 19% of the teachers responded. Telephone follow-ups with that group indicated the low return rate was due to two reasons. First, the surveys were mailed during the summer months when ABE programming in some areas of the state is less active. Secondly, the coordinators indicated that most ABE teachers have few, if any, older students, and consequently, did not judge the information requested to be of relevance to their actual teaching experience.

The data was coded so that a rank-order of each of the six categories and the 45 topics for all three groups could be computed. To determine the extent of the relationship between the ratings of the three groups, means were derived for the six categories. The significance of the relationship among the groups' ratings was identified by the use of a simple chi-square.

Results

The first objective of this study was to determine and compare the perceived educational needs of older adults, nutrition site directors and adult basic education teachers. Table 1 provides part of the data needed to satisfy the objective. The table reveals the six categories in rank-order for each group. A quick glance indicates agreement between older adults and nutrition site directors on the first category - Health. Older adults and ABE teachers agree that Social Services is the fourth ranked category. All three groups ranked the Cultural category sixth. Thus, the first table shows some agreement, but fails to identify any correlation or significance.

Table 2 provides additional data to satisfy the first objective. The mean for each of the topics within a category was used to determine category rankings. While chi-square scores indicated significant differences at p=.0001 among the three groups on all 45 topics, consensus does exist on some topics. The two groups showing the greatest consensus are the older adults and the nutrition site directors. Consensus among the samples in the rankings was considered high if the difference between the ranking of a topic was 14 or less; moderate if the difference was between 15 and 29; and low if the difference was greater than 29. Only the topics of drugs, exercise,

TABLE 1

RANKINGS OF CATEGORIES BY OLDER ADULTS,
NUTRITION SITE DIRECTORS, AND ABE TEACHERS

Adults 60 years & over	Nutrition Site Directors	ABE Teachers
SUBJECT AREA	SUBJECT AREA	SUBJECT AREA
1. Health	1. Health	1. Personal Development
2. Government & Law	2. Social Services	2. Economics
3. Personal Development	3. Economics	3. Health
4. Social Services	4. Government & Law	4. Social Services
5. Economics	5. Personal Development	5. Government & Law
6. Cultural	6. Cultural	6. Cultural

TABLE 2

RANKINGS OF TOPICS WITHIN CATEGORIES BY OLDER ADULTS, NUTRITION SITE DIRECTORS AND ABE TEACHERS*

ADULTS 60 YEARS & OVER	NUTRITION SITE DIRECTORS	ABE TEACHERS
TOPICS	TOPICS	TOPICS
1. HEALTH (M=2.79)	1. HEALTH (M=3.26)	3. HEALTH (M=3.09)
**2. MEDICARE	3. MEDICARE	6. LOCAL HEALTH SERVICES
2. PERSONAL HEALTH CARE	5. MEDICAID	7. MEDICARE
6. DRUG-RELATED PROBLEMS WITH THE OLDER ADULT	6. LOCAL HEALTH SERVICES	7. MEDICAID
8. LOCAL HEALTH SERVICES	7. PERSONAL HEALTH CARE	10. PERSONAL HEALTH CARE
9. NUTRITION	16. BASIC SAFETY MEASURES	16. NUTRITION
9. AGING PROCESS	18. NUTRITION	30. BASIC SAFETY MEASURES
11. MOVEMENT/EXERCISE	23. AGING PROCESS	32. AGING PROCESS
13. BASIC SAFETY MEASURES	23. DRUG-RELATED PROBLEMS WITH THE OLDER ADULT	35. DRUG-RELATED PROBLEMS WITH THE ODLER ADULT
17. MEDICAID	31. MOVEMENT/EXERCISE	43. MOVEMENT/EXERCISE

Adults 60 years & over	Nutrition Site Directors	ABE Teachers
TOPICS	TOPICS	TOPICS
2. GOVERNMENT & LAW (M=2.61)	4. GOVERNMENT & LAW (M=2.85)	5. GOVERNMENT & LAW (M=2.86)
4. Citizen's rights and duties	11. Citizen's rights and duties	14. Citizen's rights and duties
11. Advocacy	23. Legal documents	23. Legal documents
23. Legal documents	37. Advocacy	36. Government structure
27. Government structure	40. Government structure	39. Advocacy
3. PERSONAL DEVELOPMENT (M=2.43)	5. PERSONAL DEVELOPMENT (M=2.83)	1. PERSONAL DEVELOPMENT (M=3.32)
1. Ethos	18. Ethos	1. Learning to read
24. Recording life and family history	23. Recording life and family history	1. Learning to write
28. Learning to read	30. Humanities	4. Learning arithmetic
30. Humanities	32. Retirement planning	11. Retirement planning
31. Learning arithmetic	33. Learning to read	20. Ethos
32. Learning to write	34. Learning to write	27. Recording life and family history
35. Retirement planning	35. Learning arithmetic	33. Humanities

Adults 50 years & over	Nutrition Site Directors	ABE Teachers
TOPICS	TOPICS	TOPICS
4. SOCIAL SERVICES (M=2.39)	2. SOCIAL SERVICES (M=3.21)	4. SOCIAL SERVICES (M=3.07)
7. Senior Centers	2. Transportation services	9. Transportation services
16. Transportation services	8. Legal services	12. Homemaker/Home Health Aide Services
18. Homemaker/Home Health Aide services	8. Senior Centers	13. Legal services
19. Legal services	10. Housing	15. Senior Centers
26. Mental health services	14. Homemaker/Home Health Aide Services	18. Housing
33. Housing	27. Mental health services	27. Mental health services
45. Driving	43. Driving	41. Driving

Adults 60 years & over	Nutrition Site Directors	ABE Teachers
TOPICS	TOPICS	TOPICS
5. ECONOMICS (M=2.26)	3. ECONOMICS (M=2.94)	2. ECONOMICS (M=3.10)
5. Social Security	1. Social Security	3. Social Security
14. Consumer fraud	4. Supplementary Security Income	5. Supplementary Security Income
22. Energy conservation	11. Consumer fraud	16. Comparison shopping
25. Supplementary Security Income	17. Energy conservation	20. Budgeting
34. Comparison shopping	21. Comparison shopping	22. Banking
37. Budgeting	27. Budgeting	24. Consumer fraud
40. Banking	29. Banking	26. Energy conservation
43. Second careers	44. Job applications	34. Job applications
44. Job applications	45. Second careers	37. Second careers

Adults 60 years & over	Nutrition Site Directors	ABE Teachers
TOPICS	TOPICS	TOPICS
6. CULTURAL (M=2.01)	6. CULTURAL (M=2.81)	6. CULTURAL (M=2.64)
15. Travel	13. Recreation/Leisure	18. Recreation/Leisure
20. Music	14. Travel	24. Local history
21. Recreation/Leisure	20. Music	29. Library services
29. Local history	22. Local history	31. Travel
36. Library services	35. Library services	38. Music
38. Art	38. Dance	40. Art
39. Poetry	39. Art	42. Drama
41. Drama	41. Poetry	44. Dance
42. Dance	42. Drama	45. Poetry

*Chi-Squares indicate significant differences at p=.0001.

**The number before each topic indicates the overall ranking of that topic for each sample. When a number is used more than once, it indicates a tie in the average rating. For example, Medicare and Personal Health Care tied for the second highest rated topic by the older sample.

advocacy, ethos and Supplementary Security Income indicated moderate to low consensus. Health topics had the highest overall average ratings. Government and Law was the second highest rated category by the older sample, but it ranked only fourth for nutrition site directors and fifth by ABE teachers. This is primarily due to the much higher rankings for citizen's rights and duties and advocacy by the older adults. Personal Development topics of learning to read, to write and do arithmetic were rated higher by ABE teachers than by the older sample.

Ethos was rated lower by nutrition site directors and teachers than by older adults. Directors of nutrition programs ranked Social Service topics second overall, while both the older sample and teachers ranked that category fourth. Economics ranked fifth overall by older adults but third and second by nutrition site directors and teachers respectively. This is due to higher ratings by teachers and nutrition site directors for traditional ABE economic topics of comparison shopping, budgeting and banking. Higher interest is indicated in income support programs, consumer fraud and energy conservation by older adults than for other areas in economics. The cultural topics were consistently the lowest rated topics for all three samples.

Data in Table 2 also helps to complete the second purpose of this study, namely a comparison of the expressed educational needs of older adults with some experts' view that adult basic education is a primary need of the undereducated elderly. The data clearly shows that the older sample is interested in topics related to health. The category of Personal Development, including ABE subjects, ranked

third. Learning to read, learning arithmetic, and learning to write were ranked 28th, 31st, and 32nd by the older sample.

Conclusion and Implications

The foregoing results of this study lead to several conclusions. First, older adults have diverse interests. The mean score of all categories leaned toward "somewhat interested" to "interested." This finding is consistent with Harvey and Dutton's (1979) observations of the elderly and reading. As a result of a literature review on the reading interests of older persons, the authors concluded that the reading interest of older adults is as wide as the individual readers. For example, the older adult prefers "light romance with no sex, biographies, books in large print, western, mysteries, travel books, fiction, the Bible and the newspaper" (p. 209).

Secondly, there are significant differences between the perceptions of educational needs of older adults by older adults and the "professionals." That finding substantiates Avant and Dressel's (1980) study cited earlier and serves as a caution to the assumption that the experts are in accord with the needs of their constituency.

A third conclusion is that of the two professional groups in this study, the social service providers were in greater consensus with the older sample. Perhaps that finding is due to the fact that the nutrition site director works with the sample for the better part of every day. Nevertheless, the consensus does suggest that the input of nutrition site directors in identifying the educational needs of their older clients is valid.

That health is of primary importance to undereducated older adults is a fourth result of this study. A closely related conclusion

is that undereducated older adults do not feel adult basic education is a primary educational need. Whether because of earlier experiences, poor health or dissatisfaction with the unimaginative curricula as suggested by Lumsden (1979), this sample of undereducated older adults indicates a priority for immediate problems and aspirations of adaption or meaningful use of leisure.

The implications suggested by the above conclusions relate both to needs assessment with and curricula development for older adults. Planners of educational experiences for undereducated older adults should consider both the needs expressed by older adults as well as the needs perceived by experts. Older adults express needs differently from care providers, both those who work with older adults on a regular basis do generally perceive educational needs of their clientele accurately. No doubt, as Lord (1976) suggests, the actual need is found in the combination of expressed and perceived.

For planners and teachers in adult basic education programs, a new type of curricula may be in order. No one would argue with those experts who advocate adult basic education as a tool to assist the undereducated elderly to cope better, particularly if what is learned is applied effectively. To overcome the apparent lack of interest in ABE on the part of the older adult, curricula could be revised to subtly and slowly teach ABE through the examination of a priority subject like health. For example, arithmetic could easily be learned while using blood pressure kits or thermometers. In a similar manner, reading could be learned by examining the important vocabulary or clauses in medicare literature. Or writing skills could be developed by practicing drug dosage instructions. The only

limitation to enhancing the development of basic skills for older learners is the practitioner's unused imagination and energy.

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